

# TETON PEAKS ACADEMY

A Program Under Bonneville Online High School  
Bonneville Joint School District No. 93

STUDENT FULL NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

(Mailing address if different from above)

GUARDIANSHIP:  Mother  Father  Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
(Name of Mother, Step-mother, or Guardian – Circle one) HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Name of Father, Step-father, or Guardian – Circle one) HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

**ETHNICITY: (Federal requirement for testing purposes)**

**1. Choose One:**

Hispanic or Latino

Not Hispanic or Latino

**2. Choose all that apply:**

American Indian or Alaskan Native  Asian

Black or African American  White

Native Hawaiian or Pacific Islander

Hispanic/Latino of any race

**SPECIAL SERVICES:**

Student 504 Plan

Gifted and Talented

Migrant

Limited English Proficient

Special Education

Title 1

Previous School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**FOR SCHOOL OFFICE USE ONLY**

Student No. \_\_\_\_\_

Birth Certificate  Yes  No

Immunization Complete  Yes  No

Date of Enrollment \_\_\_\_\_